COPY

Disclosure Report Cover Sheet Please note that this cover sheet cannot be used to amend committee information such as the committee address; treasurer,

assistant treasurer, or custodian of books inform (CRO-2100	ation; of depository information. You n)) to make those kinds of committee cha		Statement of Organization
1. Name of Committee or Fund	77.02	<u> </u>	6. Date
Committee to Re-Elect 7	rebra Contrall-Shr	ader	4-20-2002
2. Address			7.ID Number
4004 Remberton Cor			
3. City	4. State 5. Zi		8. Phone
Winston-Salem			760-9653
9. Type of Report	·	10. Period Covered	11. Amendment
2003 First Quarter	Plus Keport		-9009 Nº
12. Type of Committee or Fund (Check one)	11.45		. 10
★ Candidate Campaign	☐ Joint Fundraiser☐ Soft Money Account		oster Fund" Iding Fund
13. Treasurer Name			
Debra Conrad-Shra	der		
14. Assistant Treasurer Name(s)		· 	
			·
			:
15. Custodian of Books Name			
16. Bank/Depository/Credit Account Informa	tion		
a. Name	b. Purpose	c. Code	d. Period Begin Balance
B,B+T	Campaign Checking Acc	- demonstration	s ()
			\$
			S
			\$
			\$
			\$
CERTIFICATION		""	
I certify that the Committee is in compliance with funds for a federal or out-of-state PAC. I further			re commingled with
Sobre Hand	Aradu	4-20	-2002
Signature of Appointed Treasurer of	7		Date

Detailed Summary

1. Name of Committee or Fund	2 Tuna of	Danasia					
Committeeto Re-Elect Debra Conrad-Shrader		Type of Report coa 1st Quarter Plus			3. ID Number		
Start of Election Cycle: January 1, 2000		Total this	1	otal this	For Office		
4) Cash on Hand at Start of Election Cycle		Period	S Elec	ction Cycle	Use Only		
5) Cash on Hand at Start of Present Reporting Period		s O					
RECEIPTS							
6) Contributions from Individuals	(CRO-1210)	\$ 1725	\$				
7) Contributions from Political Party Committees	(CRO-1220)		s				
8) Contributions from Other Political Committees	(CRO-1230)	s O	\$				
9) Loan Proceeds	(CRO-1410)	\$ 500	\$				
10) Refunds & Reimbursements to Committee	(CRO-1240)		s				
11) Other Receipt Sources	(CRO-1250)						
11a) Interest on Bank Accounts	(CRO-1250)	s O	\$		Action Tolking Control		
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$ 0	s		,		
11c) Outside Sources of Income	(CRO-1250)	\$ 0	s				
12) TOTAL RECEIPTS (Add lines 6, 7, 8, 9, 10, 11a, 11b, and 11c)		s 2225	s				
<u>EXPENDITURES</u>	<u>-</u>	The second secon					
13) Disbursements	(CRO-1310)						
13a) Operating Expenditures	(CRO-1310)	\$	s				
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	s	-			
13c) Coordinated Party Expenditures	(CRO-1310)	\$	s				
14) Loan Repayments	(CRO-1420)	s O	s				
15) Refunds from Committee	(CRO-1320)	s O	\$				
16) In-Kind Contributions	(CRO-1510)	s O	\$				
17) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, and 16)		s 648.73	s				
18) Cash on Hand at End of Reporting Period (For this Period, add lines 5 and 12 together, then subtract line 17) (For this Election Cycle, add lines 4 and 12 together, then subtract line 17)		\$1,5%,27	s				
Additional Information							
19) Non-Monetary Gifts Given to Committees	(CRO-1330)	s 🔿	# pro mo.		- A CANADA C		
20) Outstanding Loans (including ones from other campaigns)	(CRO-1430)	s	P. V. S.				
21) Debts and Obligations owed BY the Committee	(CRO-1610)	s ()					
22) Debts and Obligations owed TO the Committee	(CRO-1620)	s O					
23) Parent Entity's Administrative Support	(CRO-1710)	s					

Contributions from INDIVIDUALS

1. l	Name of Committee or Fund				2. ID	Number		
C	omnittee to Re-Elect Debra	Conced-Sh	rader	,				
	a. Full Name, Mailing Address & Phone	d. Account	e. Form of	f. Date	g. In-	h. Prior	i. Amount	
	(include city, state, & zip)	Number/Code	Payment	(mm/dd/yyyy)	Kind	Report		
١	William ayers gr. 2865 Wesleyan Lave W.S.M. E. 27106	BB+T Checking	creck	3/20/02			\$ 100.00	
휥	2865 wesleyan Lane			-			\$	
Contributor	W.S.M. E. 37106				Ш		3	
							\$	
က	b. Job Title/Profession				П		s conoccoo	
	c. Employer's Name/Specific Field	j. If Amendment, cho	ose change typ	ne:]		Sum to Date	
		Add	Delete	.	\$	ion Cycle	100.00	
—	a. Full Name, Mailing Address & Phone	d. Account	e. Form of	f. Date	g. In-	h. Prior	i. Amount	
	(include city, state, & zip)	Number/Code	Payment	(mm/dd/yyyy)	Kind	Report		
	Alan Southard	BBOT	check	4/16/02			\$ 100.00	
Contributor	1408 Remolda Rd.	thechirs					\$	
Ę	1408 Reynolda Rd. W-S, N.C. 27104						3	
ō							\$	
હ્ય	b. Job Title/Profession			-			s	
	Central Contractor c. Employer's Name/Specific Field	j. If Amendment, cho			I- 171		·	
	West End Construction	Add	Delete	pe:		DO , O	Sum to Date	
-	a. Full Name, Mailing Address & Phone	d. Account	e. Form of	f, Date	g. In-	h. Prior	i. Amount	
	(include city, state, & zip)	Number/Code	Payment	(mm/dd/yyyy)	Kind	Report	II Minyane	
	Dr. garas Elbarks	BB+T	check	4/17/02			\$ 100.00	
ţot	Dr. garus Eubarks 412 gorustown Rd. W-S. N.C. 27104	CAST TRUE CARROLL	Ower	711100				
Ę	125 12.8 27104						\$	
Contributor	& +3, N.C. & 7.0,		,				\$	
<u>ښ</u>	b. Job Title/Profession						\$	
	veterinarian.				Ц			
	c. Employer's Name/Specific Field	j. If Amendment, cho		pe:			Sum to Date	
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	(include city, state, & zip)	Number/Code	Payment	(mm/dd/yyyy)	Kind	Report	i, Amount	
١.	Bill writeheart	BB-T CONTRACTOR	Cleck	4/11/02			\$ 125,00	
utor	P.O. BOX 40	The state of the s	0.0-0-0		_		•	
Ę	Gewisville N.C. 27023						3	
Contrib	-, -, -						\$	
	b. Job Title/Profession						\$	
	b;//boar of OWALT c. Employer's Name/Specific Field	i If Amandment che	ose chenge tra	ne:	k Flori	tion Cycle	Sum to Date	
	Writeheast Outdoor adu	j. If Amendment, choose change type: Add Delete			25.0			
Г	a. Full Name, Mailing Address & Phone	d. Account	e. Form of	f. Date	g. In-	h. Prior	i. Amount	
	(include city, state, & zip)	Number/Code	Payment	(mm/dd/yyyy)	Kind	Report		
<u>.</u>	Rete Brunstetter 3641 Will Scarlet Rd	BOT BURNING OND	check	4/18/02			\$250.00	
Contributor	3641 Will Scarlet Rd			1			\$	
it i	W.S,N.C. 27/04		<u> </u>		┝╙┈	\vdash		
ວິ							\$	
ૡ	b. Job Title/Profession				Г		\$ 2	
	c. Employer's Name/Specific Field	j. If Amendment, cho	Me change tra	l ne:	k Flore	ion Cycle	Sum to Date	
	Kiloatrica Stockton	Add	Delete	F			O)	
4.	4. Total only this Page \$ 675.00							
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	(This line must be on line 6 of Detailed Summary Page CRO-1100)							

1. 1	Name of Committee or Fund				2. ID	Number	
7	"monittee to Re-Eleck.	John Con	10 St	Relu			
	a. Full Name, Mailing Address & Phone	d. Account	e. Form of	f. Date	g. In-	1 1	i. Amount
	(include city, state, & zip)	Number/Code	Payment	(mm/dd/yyyy)	Kind	Report	
Ļ	James T. Brouhill	APPLICATION OF THE PARTY OF TH	euck	4/19/02			\$ 920.20
buto	1930 Keisenia Rd						\$
Contributor	James T. Broyfill 1930 Keigenia Rd 205, N.C. 27104						\$
	b. Job Title/Profession				r-+	[_]	s
	Vidued		-1		نسا اد 15 ما	LLi Son Cyala	Sum to Date
	c. Employer's Name/Specific Field	j. If Amendment, cho	Delete	pe:		50, c	
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	(include city, state, & zip)	Number/Code	Payment	(mm/dd/yyyy)	Kind	Report	
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tor	Don angele P.O. Boy 9670				, , , , , , , , , , , , , , , , , , ,	<u> </u>	e
ţ	Clerenions, N.C. 2708	· 			. .	. <u>.</u>	.
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	b. Job Title/Profession			· •	П	П	S
	c. Employer's Name/Specific Field	j. If Amendment, cho	ose change tv	ne:	k. Elect	ion Cycle	Sum to Date
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	(include city, state, & zip)	Number/Code	Payment	(mm/dd/yyyy)	Kind	Report	
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Contributor	•			<u>.</u>			\$
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	(include city, state, & zip)	Number/Code	Payment				s 25.00
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				*** *			\$
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<u>"</u>	b. Job Title/Profession	1	l 			<u> </u>	3
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Contributions from INDIVIDUALS

1. Name of Committee or Fund 2. ID Number							
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Contributor	William wallace	EDBROWN CHARLE	Check	00/19/02			s 50.00
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Outstanding Loans

1.1	Name of Committee or Fund			2. ID Numl	per
	Committee to Re-Elect				
	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate	h. Original Loan Amount
	Debra Conrad-Shrader	e. Job Title/Profession	f. Employer's Name/Specific	O %	\$ 500.00
nder	4004 Remberton Pt	COUNTY COMM	HOESUTA COUL		i. Loan Balance
3. Lender	W-S, N.C. 27106	g. Security Pledged	<u> </u>		
"	760.9653	0		s 200.09	
	, 40 , 40 0	j. If Amendment, choose cha			
Н	a. Full Name, Mailing Address & Phone	Add b. Start Date (mm/dd/yyyy)	Delete c. End Date (mm/dd/yyyy)	d. Interest	h. Original Loan
	(include city, state, and zip)	B. Start Date (min/du/j/j/j/	C. Dia Date (inia day)))))	Rate %	A mount
Jer		e. Job Title/Profession	f. Employer's Name/Specific	Field	
3. Lender		g. Security Pledged			i. Loan Balance
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		j. If Amendment, choose cha			
		Add	Delete		
	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest	h. Original Loan Amount
늅		e. Job Title/Profession	f. Employer's Name/Specific	Field	
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Lender					i. Loan Balance
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	(include city, state, and zip)			Rate %	Amount
١,		e. Job Title/Profession	f. Employer's Name/Specific	Field	
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		j. If Amendment, choose cha	nge type:		
		Add	3		
4.	Total only this Page				\$ 500,00
5.	Total of ALL CRO-1430 Pages	(only show on last page)			s 500.00
(Th	is line must be on line 20 of Detailed Summary Page C	RO-1100)			

1. 1	Name of Committee or Fund				2. ID Number			
	connected to Re-Elect 2							
		CRO-1330 forms for eac		ents.)				
		Candidates/Political Com		Coordinated	Party Expenditures			
	a. Full Name, Mailing Address & Phone (include city, state, and zip)	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount		
၌	B, B+T Stratford Rd	check print	in management	draft	1/1/02	\$ 15.00		
4. Payee	W.S.N.C.		-			\$		
l	b. If Contribution to c. If Coordinated Party	1				3		
ı	County Committee, specify: Expense, list office:	i. If Amendment, choo			j. Election Cycle S	um To Date		
		Add	Delete		\$ 15.00			
	a. Fuli Name, Mailing Address & Phone (include city, state, and zip)	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount		
မ္မ	Board of Elections W.S. N. C.	filen fre	STEENSONS ON THE	Check	2/18/02	\$ 168.74		
f. Payce	00 3, 19 ·C ·		4			\$		
ľ	b. If Contribution to c. If Coordinated Party	4				S		
	County Committee, specify: Expense, list office:	i. If Amendment, choo	se change type:		j. Election Cycle S	um To Date		
	Country Communication Description and Communication	Add	Delete		\$ 168.74			
_	a. Full Name, Mailing Address & Phone	d. Purpose	e. Account	f. Form of	g. Date	h. Amount		
	(include city, state, and zip)	•	Number/Code	Payment	(mm/dd/yyyy)			
ŀ	Positive Influence	printing	CONCENSATION OF THE PARTY OF TH	check	4/10/02	\$ 100.58		
Payee	P.O. Box 5964	F		}				
E.	W-5, N.C. 27113					\$		
4,		<u></u>				S		
ı	b. If Contribution to c. If Coordinated Party				1. 70. 4. 6. 4.			
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٠	Patterson ave. Main	bulk marlin	5 THE SOCIETY OF THE STATE OF		111100	30775		
Payec	W-S, N. C. Office	- Fee	and the			\$		
4		AND COUNTY PRODUCTION OF THE PARTY OF THE PA		Lineare Line Colors	Comment of the commen			
	b. If Contribution to c. If Coordinated Party				1	, 3		
	County Committee, specify: Expense, list office:	i. If Amendment, choo			j. Election Cycle S	um To Date		
L		L Add L	Delete		\$ 67.55			
	a. Full Name, Mailing Address & Phone	d. Purpose	e. Account Number/Code	f. Form of	g. Date	h. Amount		
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ž	140 32003+010 CONCINONS	per an anti-desirable desirable de la companya de l	+h	er pai	(h)	:S		
4. Payec	W-5,N.C.27103	AMERICAN AND AND AND AND AND AND AND AND AND A	.1		Person remarkation of a second selection of the tensor of the second selection of the selection of the second selection of the			
`	b. If Contribution to c. If Coordinated Party	┪	· •	}	:	\$		
	County Committee, specify: Expense, list office:	i. If Amendment, choo	se change type:		j. Election Cycle S	um To Date		
L		Add	Delete		\$ 89.42	· .		
5.	Total only this Page					\$ 441.29		
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(Th	is line goes in line 13a of Detailed Summary Page CRO	0-1100 if Operating Expe		-		s 442,3		
(Th	is line goes in line 13b of Detailed Summary Page CRG	0-1100 if Contrib to Cand	lidates/Political Com	ım)		1 1 2 2		
(Th	This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							

Į	ı.	Name of Committee o	r Fund					
		Commi Hee to	Re-Elect. No	b 0-		·	2. ID Numb	per
	3.	Type of Disbursement	Character ATK	ional conna	<u>d-Shrad</u>	er_	ł	- <u></u>
	X	Operating Expenses		ue CAU-1330 torme fa	P oach tone of Disk	ements.)		
ſ		a. Fuil Name, Mailing Add	ress & Phone	to Candidates/Political	Committees	Coordinate	ed Party Expenditu	res
ı		(include city, state, and	tip)	d. Purpose	e. Account	f. Form	of g. Date	h. Amount
ı		CS		labels	Number/Cod			y)
ł	4. Fayee	3325 Robin	hood Rd	INCORT 3	ATTENDED CONTRACTOR	Mash	- 4/20/03	\$ 7.44
ľ	5	W-5, N.C	271010					1.7.7
ľ	- 1		·3 / · · · ·					\$
1		b. If Contribution to	c. If Coordinated Party	, 				s
I	j	County Committee, specify	Expense, list office:	i. If Amendment, c	hoose change type:		i Fig. 4	1.
F	۲	a. Full Name, Mailing Addr	3.51	∟ Add	Delete		j. Election Cycl	e Sum To Date
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İ					Number/Code	Payment		h. Amount
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